State of California—Health and Welliare Agency Form Approved OMF, No. 2050—0039 (Expires 9-30-88) Department of Health Services in Substances Control Division SHIPPER #18731 Please print or type. (Form designed for use on elite (12-pitch typewriter) Manifest 2. Page 1 **UNIFORM HAZARDOUS** 1. Generator's US EPA ID No. Information in the shaded areas of 1 is not required by Federal law. WASTE MANIFEST ICAD 981 687 353 A State Manifest Document Number 8711940 3. Generator's Name and Mailing Address L.A.U.S D. 1240 NACMI AVENUE, LOS ANGELES CA 900°1 B. State Generator's ID 4. Generator's Phone 213 742-7024 7550 C. State Transporter's ID 5. Transporter 1 Company Name US FPA ID Number D. Transporter's Phone 213/698-0991 042 2451 001 OMEGA RECOVERY SERVICES
7. Transcorter 2 Company Name QAD US EPA ID Number E. State Transporter's ID 1-800-F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G. State Facility's ID CAD04224500 CALL OMEGA RECOVERY SERVICES H. Facility's Phone 12504 E. WHITTIER BLVD. CALIFORNIA | | |CAD| 0|42 245 |001 | 90602 213/698-0991 WHITTIER, CA 12. Containers 13 Total Quantity Unit Waste No. 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) WEIV No. Type State WASTE FLAMMABLE LIQUID N.O.S UN 1993 WITHIN G 009 EPA/Other 9 2 9DN FLAMMABLE LIQUID N State E R 1.800-424-8802; EPA/Other A T 0 State EPA/Other CENTER State EPA/Other RESPONSE K. Handling Godes for Wastes Listed Above J. Additional Descriptions for Materials Listed Above 01 d. **LATIONAL** 15. Special Handling Instructions and Additional Information A) LACQUER THINNER & MOTOR OIL THE CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SP If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Month Day Year Signature Printed: Typed Name 1/21/11/818 17 Transporter 1 Acknowledgement of Receipt of Materials Month Day Signature Printed / Typed Name AN AVIER HERNANDEZ OF 18. Transporter 2 Acknowledgement of Receipt of Materials Month Day Printed/Typed Name Signature 19 Discrepancy Indication Space F C L 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Month Day Year Signature Printed / Typed Name 120115 FORD FRANK